

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1							
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98								
99								
100								
TOTAL IND.	9							
TOTAL DEP.	69							
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS